

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION

03-22

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1-1-04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.170(g)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Page 35a

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 16,211

b. FFY 2005 \$ 28,267

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same page, Revised 8-1-00, TN#00-14

10. SUBJECT OF AMENDMENT:

Reimbursement increase

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

December 5, 2003

16. RETURN TO:

Oklahoma Health Care Authority
attn: Jim Hancock
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

Dec 12 2003

18. DATE APPROVED:

MAY 17 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Charlene Brown

22. TITLE:

Deputy Director, CASO

23. REMARKS:

c: Mike Fogarty
Jim Hancock

State OKLAHOMAAttachment 4.19-B
Page 35aMETHODS AND STANDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Critical Access Hospitals

Effective August 1, 2000 acute care hospitals that qualify as Critical Access Hospitals (CAHs) will receive a payment adjustment to the prospective per diem rates. CAHs are rural public or non-profit hospitals which provide 24 hour emergency care services, are limited to 15 inpatient beds (can have 10 additional swing beds) and inpatient stays are limited to 96 hours. In order to qualify for the payment adjustment, a hospital must be designated as a CAH by the Oklahoma State Department of Health.

The payment adjustment will be determined using the hospital specific level of care per diem rates in effect on July 31, 2000 and updating by a factor of 38%.

Effective January 1, 2004 the hospital specific level of care per diem rates in effect on December 31, 2003 will be increased by an update factor of two (2%) percent.

TN# 03-22Supersedes: 00-14Approval Date MAY 17 2004Effective Date JAN - 1 2004